

S. No. 300  
v. 10-46

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

13921

State File No. ....

APR 23 1952

1890  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. <u>297</u>		PRIMARY REG. DIST. NO. <u>6020</u>		Registrar's No. <u>26</u>	
1. PLACE OF DEATH a. COUNTY <u>RAY</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>KANSAS</u> b. COUNTY <u>WYANDOTT</u>			
b. CITY OR TOWN <u>RURAL - CROOKED RIVER</u>		c. LENGTH OF STAY (in this place) <u>5 mo.</u>		c. CITY OR TOWN <u>KANSAS CITY</u>		8150	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5 mi. N.E. of Harding Mo.</u>				d. STREET ADDRESS (If rural, give location) <u>3025 N. BETHANY</u>			
3. NAME OF DECEASED (Type or Print) <u>DARREL</u>		a/ (First) <u>EUGENE</u>		b. (Middle) <u>BUCKLINGER</u>		c. (Last)	
4. DATE OF DEATH <u>April 19, 1952</u>		5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married (1)</u>	
8. DATE OF BIRTH <u>MAY 1, 1946</u>		9. AGE (in years last birthday) <u>5</u>		if UNDER 1 YEAR <u>11</u> Months <u>18</u> Days		if UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>K.C. KANSAS</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>FRED ARLEE BUCKLINGER</u>		13b. MOTHER'S MAIDEN NAME <u>DOROTHY JONES</u>		14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Irene Myers Harding, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Fractured skull, 2nd injury</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Inst.</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Struck by car.</u>					
		DUE TO (c) <u>E8124</u>					
II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death.		<u>25</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>089</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT <u>SUBDUE HOMICIDE</u> (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Farm</u>		21c. (CITY, TOWN, OR TOWNSHIP) <u>Crooked River</u>		(COUNTY) <u>Ray</u> (STATE) <u>Mo.</u>	
21d. TIME OF INJURY <u>April 19, 1952 1:45 p.m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Struck By Car</u>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <u>E. J. Kevan (acting coroner)</u>				23b. ADDRESS <u>Richmond Mo</u>		23c. DATE SIGNED <u>4/19/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>4-19-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>unknown</u>		24d. LOCATION (City, town, or county) <u>Ray</u> (State) _____	
DATE REC'D BY LOCAL REG. <u>April 21, 1952</u>		REGISTRAR'S SIGNATURE <u>Mabel Jackson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Kripshild Buchsiding</u>		ADDRESS <u>Harding Mo.</u>	

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed.....

*August Borchering*

Licensed Embalmer No. 46780

P. O. Address Hardin, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.